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CONFIRMATION NO. 5346

<b>SERIAL NUMBER</b> 10/786,445	<b>FILING OR 371(c) DATE</b> 02/25/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1652	<b>ATTORNEY DOCKET NO.</b> 096429-9141
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/002,309 10/26/2001 PAT 6,872,559 which claims benefit of 60/243,675 10/26/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

05/12/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged  Examiner's Signature _____ Initials _____				

**ADDRESS**

23510

**TITLE**

E.coli O157:H7 C1-INH-binding protein and methods of use

<b>FILING FEE RECEIVED</b> 622	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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